

EXHIBIT -A





LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/23/2024

02:51 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Franklin, TN 37069			
Weight: 3 lb 10.60 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name MICHAEL W BINKLEY			
Tracking #: 70203160000230014711			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0685 03			
Total			\$31.10

Grand Total: \$31.10

Credit Card Remit \$31.10

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 313215
Transaction #: 660
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5521667-2

Clerk: 6

COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL W. BINKLEY
1109 SNEED GLEN DR
FRANKLIN, TN 37069-7057



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Franklin, TN 37069	
Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$14.25
Total Postage and Fees	\$31.10
MICHAEL W. BINKLEY 1109 SNEED GLEN DR FRANKLIN, TN 37069-7057	

7020 3160 0002 3001 4711

0451
6
AUG 23 2024
08/23/2024
USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Mysteriously Disappeared,
Was Never Returned Even
After Successful Delivery.

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/24/2024

11:25 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25

Franklin, TN 37064			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ELAINE B BEELER			
Tracking #:			
7020316000230014704			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 97			
Total			\$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA

Account #: XXXXXXXXXXXX8359

Approval #: 014252

Transaction #: 185

AID: A0000000031010 Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Franklin, TN 37064

0451 06

Postmark Here

AUG 24 2024

08/24/2024

7020 3160 0002 3001 4704

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$10.00

☐ Return Receipt (electronic) \$12.75

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Sent **ELAINE B. BEELER**

Street **437 BATTLE AVE**

City **FRANKLIN, TN 37064-3709**

PS Form 3800, April 2013 PSN 7530-02-000-9053 See reverse for instructions

USPS TRACKING #

NASHVILLE TN 370

24 AUG 2024 PM 2 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 8627 3244 0684 97

United States Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

9590 9402 8627 3244 0684 97

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELAINE B. BEELER
437 BATTLE AVE
FRANKLIN, TN 37064-3709



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Was Mysteriously Missing
A Signature and Any
Information About Delivery

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/24/2024

11:25 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.60 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
VIRGINIA L STORY			
Tracking #:			
→ 70203160000230014919			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 20			
Total			\$31.10

Grand Total:	\$147.60
Credit Card Remit	\$147.60
Card Name: VISA	
Account #: XXXXXXXXXXXX8359	
Approval #: 014252	
Transaction #: 185	
AID: A0000000031010	Chip
AL: VISA CREDIT	
PIN: Not Required	

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Franklin, TN 37064

7020 3160 0002 3001 4919

Certified Mail Fee	\$14.10
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$114.25
Total Postage and Fees	\$128.35

Postmark Here
AUG 24 2024
USPS
08/24/2024

VIRGINIA LEE STORY
136 4TH AVE S
FRANKLIN, TN 37064-2622

PS Form 3800, April 2013 PSN 7530-02-000-9053 See reverse for instructions

USPS TRACKING #

7020 3160 0002 3001 4919

Franklin, TN 37064

25 AUG 2024 PM 5 L

9590 9402 8627 3244 0682 20

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box *

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

9590 9402 8627 3244 0682 20

"Restricted Delivery" but not signed by
DEFENDANT as required.

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse
so that we can return the card to you.

Attach this card to the back of the mailpiece,
or on the front if space permits.

1. Article Addressed to:

VIRGINIA LEE STORY
136 4TH AVE S
FRANKLIN, TN 37064-2622



9590 9402 8627 3244 0682 20

2. Article Number (from label)

7020 3160 0002 3001 4919

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kim Rydel*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/26/2024

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

**RESTRICTED
DELIVERY**

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®

☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

UNITED STATES POSTAL SERVICE.

LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

09/04/2024 01:45 PM

Product	Qty	Unit Price	Price
Priority Mail® 1			\$14.25
Thompsons Station, TN 37179			
Weight: 3 lb 12.00 oz			
Expected Delivery Date			
Fri 09/06/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
KATHRYN L YARBROUGH			
Tracking #:			
→ 70203160000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
Total			\$31.10

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 214054
Transaction #: 241
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451
Receipt #: 840-54930036-3-6764826-2
Clerk: 06

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Thompsons Station, TN 37179

OFFICIAL USE

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$12.75

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$10.00

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here
SEP 04 2024
09/04/2024

KATHRYN YARBROUGH
408 PREAKNESS DR
THOMPSONS STATION, TN 37179-5238

PS Form 3800, April 2019 PSN 7530-02-000-9057 See Reverse for Instructions

USPS TRACKING#

9590 9402 8627 3244 0684 80

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>KATHRYN YARBROUGH 408 PREAKNESS DR THOMPSONS STATION, TN 37179-5238</p> <p>9590 9402 8627 3244 0684 80</p> <p>2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RESTRICTED DELIVERY</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/24/2024

11:25 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Goodlettsville, TN 37072			
Weight: 3 lb 10.30 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
MARY B AUSBROOKS			
Tracking #:			
→ 7020245000036715204			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0678 10			
Total			\$31.10

Grand Total: \$147.60

Credit Card Remit	\$147.60
Card Name: VISA	
Account #: XXXXXXXXXX8359	
Approval #: 014252	
Transaction #: 185	
AID: A0000000031010	
AL: VISA CREDIT	Chip
PIN: Not Required	

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee if applicable)

☒ Return Receipt (hardcopy) \$12.75

☐ Return Receipt (electronic) \$0.00

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

MARY BETH AUSBROOKS
110 GLANCY ST, STE 109
GOODLETTSVILLE, TN 37072-2314

Postmark: AUG 24 2024
Postage Here: 08/24/2024
USPS

USPS TRACKING #

9590 9402 8627 3244 0678 10

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box *

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

"Restricted Delivery" but not signed by
DEFENDANT as required.

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.

Print your name and address on the reverse
so that we can return the card to you.

Attach this card to the back of the mailpiece,
or on the front if space permits.

1. Article Addressed to:

MARY BETH AUSBROOKS
110 GLANCY ST, STE 109
GOODLETTSVILLE, TN 37072-2314



9590 9402 8627 3244 0678 10

7020 2450 0000 3671 5204

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature

X *Judy Dobbin*

- ☐ Agent
☐ Addressee

- B. Received by (Printed Name)

JUDY DOBBINS

- C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

**RESTRICTED
DELIVERY**

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

UNITED STATES POSTAL SERVICE.

LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37211			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ALEXANDER S KOVAL			
Tracking #:			
70203160000230014728			
Total			\$27.00

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA
Account #: XXXXXXXXXX8359
Approval #: 904295
Transaction #: 184
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451
Receipt #: 840-54930036-3-6753228-2
Clerk: 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee \$0.00

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$12.75

☐ Return Receipt (electronic) \$0.00

☒ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$27.00

ALEXANDER KOVAL
281 PARAGON MILLS RD
NASHVILLE, TN 37211-4034

Postmark Here
AUG 24 2024
LINDEN, MI 48451 0451
USPS

7020 3160 0002 3001 4728

**This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery**

 UNITED STATES POSTAL SERVICE.			
LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777			
08/24/2024		10:59 AM	
Product	Qty	Unit Price	
Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #:			
70203160000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
Total			\$31.10
Grand Total: \$120.30			
Credit Card Remit \$120.30			
Card Name: VISA			
Account #: XXXXXXXXXXXX8359			
Approval #: 904295			
Transaction #: 184			
AID: A0000000031010 Chip			
AL: VISA CREDIT			
PIN: Not Required			
UFN: 255460-0451			
Receipt #: 840-54930036-3-6753228-2			
Clerk: 06			

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
Nashville, TN 37205	
OFFICIAL USE	
Certified Mail Fee \$ 14.10	Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ 12.75 <input type="checkbox"/> Return Receipt (electronic) \$ 10.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$ 10.00 <input type="checkbox"/> Adult Signature Required \$ 0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00
Postage \$ 114.25	Total Postage and Fees \$ 31.10
HENRY HILDEBRAND III 217 LAUDERDALE RD NASHVILLE, TN 37205-1821	
PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions	

**This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery**



FENTON
210 S LEROY ST
FENTON, MI 48430-9998
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
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Nashville, TN 37215

Weight: 3 lb 10.90 oz

Expected Delivery Date

Mon 08/26/2024

Insurance		\$0.00
-----------	--	--------

Up to \$100.00 included

Restricted Del		\$12.75
----------------	--	---------

Recipient name

CHARLES M WALKER

Tracking #:

70203160000230014889

Return Receipt		\$4.10
----------------	--	--------

Tracking #:

9590 9402 8627 3244 0681 83

Total		\$31.10
-------	--	---------

Grand Total:		\$200.20
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Credit Card Remit		\$200.20
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Card Name: VISA

Account #: XXXXXXXXXXXX8359

Approval #: 314260

Transaction #: 188

AID: A0000000031010

AL: VISA CREDIT

PIN: Not Required

Chip

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Nashville, TN 37215

Certified Mail Fee

\$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$4.10

☐ Return Receipt (electronic) \$0.00

☒ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

\$

CHARLES M. WALKER
1925B WARFIELD DR
NASHVILLE, TN 37215-3422

USPS TRACKING #

NASHVILLE TN 370



9590 9402 8627 3244 0681 83

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHARLES M. WALKER
1925B WARFIELD DR
NASHVILLE, TN 37215-3422



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

Sneena Walker

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☒ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

"Restricted Delivery" but not signed by
DEFENDANT as required.



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/24/2024

10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
→ 70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 904295
Transaction #: 184
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753228-2

Clerk: 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Nashville, TN 37215

OFFICIAL USE

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$12.75

☐ Return Receipt (electronic) \$12.75

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$4.00

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark
AUG 24 2024
08/24/2024

SAMUEL F. ANDERSON
4509 BEACON DR
NASHVILLE, TN 37215-4003

PS Form 3800, April 2019 PSN 7530-02-000-9053 See Reverse for Instructions

THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAMUEL F. ANDERSON
4509 BEACON DR
NASHVILLE, TN 37215-4003



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

 UNITED STATES POSTAL SERVICE.			
FENTON 210 S LEROY ST FENTON, MI 48430-9998 (800)275-8777			
08/24/2024		02:06 PM	
Product	Qty	Unit	Price
Priority Mail® 1 \$16.95 Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name JAMES M HIVNER Tracking #: 70203160000230014834 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0683 81 Total \$33.80			
Grand Total:		\$200.20	
Credit Card Remit		\$200.20	
Card Name: VISA Account #: XXXXXXXXXXXX8359 Approval #: 314260 Transaction #: 188 AID: A0000000031010 Chip AL: VISA CREDIT PIN: Not Required			
UFN: 253200-0431 Receipt #: 840-54930020-3-6269723-1 Clerk: 05			

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ™.	
Memphis, TN 38133	
OFFICIAL USE	
Certified Mail Fee \$4.10 Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$0.00 <input type="checkbox"/> Return Receipt (electronic) \$12.75 <input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$	0431 FENTON, MI 48430 Postmark Here 08/24/2024
Postage \$16.95 Total Postage and Fees \$33.80	
JAMES MICHAEL HIVNER 8019 SARA JANE LN BARTLETT, TN 38133-2814	
See reverse for instructions	

**This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery**



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
7020245000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA
Account #: XXXXXXXXXX8359
Approval #: 518290
Transaction #: 717
AID: A0000000031010
AL: VISA CREDIT
PIN: Not Required

Chip

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANDY DWANE BENNETT
1116 MISTLETOE CIR
HERMITAGE, TN 37076-4712



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from service label)

7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$14.25
Total Postage and Fees	\$
ANDY DWANE BENNETT 1116 MISTLETOE CIR HERMITAGE, TN 37076-4712	

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®

- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:	70202450000036715167		
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA
Account #: XXXXXXXXXXXXX8359
Approval #: 518290
Transaction #: 717
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark: AUG 28 2024

USPS

FRANK GOAD CLEMENT JR.
220 WILSONIA AVE
NASHVILLE, TN 37205-2819

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANK GOAD CLEMENT JR.
220 WILSONIA AVE
NASHVILLE, TN 37205-2819



9590 9402 8627 3244 0682 82

2. Article Number (Transfer from service label)

7020 2450 0000 3671 5167

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
70202450000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA
Account #: XXXXXXXXXX8359
Approval #: 518290
Transaction #: 717
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark
AUG 28 2024

USPS

WILLIAM NEAL MCBRAYER
9034 MEADOWLAWN DR
BRENTWOOD, TN 37027-5223

Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM NEAL MCBRAYER
9034 MEADOWLAWN DR
BRENTWOOD, TN 37027-5223



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

09/10/2024

02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
Knoxville, TN 37919			
Weight: 9 lb 2.2 oz			
Expected Delivery Date			
Thu 09/12/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SHARRON G LEE			
Tracking #:			
→ 7020245000036716188			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8418 3156 9888 87			
Total			\$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA
Account #: XXXXXXXXXX8359
Approval #: 310170
Transaction #: 818
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center;"> LINDEN, MI 48451 Postmark Here SEP 10 2024 09/10/2024 </div>
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	\$18.35
Total Postage and Fees \$	\$35.70
SHARON GAIL LEE 727 CHEROKEE BLVD KNOXVILLE, TN 37919-6619	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHARON GAIL LEE
727 CHEROKEE BLVD
KNOXVILLE, TN 37919-6619



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

09/18/2024 09:10 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 14.90 oz			
Expected Delivery Date			
Fri 09/20/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SANDRA J GARRETT			
Tracking #:			
7020245000036716232			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0676 12			
Total			\$31.10

Grand Total: \$142.60

Credit Card Remit \$142.60

Card Name: VISA
Account #: XXXXXXXXXX8359
Approval #: 808101
Transaction #: 341
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451
Receipt #: 840-54930036-3-6780830-2
Clerk: 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$14.25
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$2.75
☐ Return Receipt (electronic)
☒ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$14.25
Total Postage and Fees \$31.10

Postmark Here
SEP 18 2024
09/18/2024

SANDRA GARRETT
10 CADILLAC DR STE 220
BRENTWOOD, TN 37027-5078

Instructions

USPS TRACKING#

7020 2450 0000 3671 6232

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box *

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

"Restricted Delivery" but not signed by
DEFENDANT as required.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDRA GARRETT
10 CADILLAC DR STE 220
BRENTWOOD, TN 37027-5078



9590 9402 8627 3244 0676 12

7020 2450 0000 3671 6232

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Molly Davis*
B. Received by (Printed Name) *Molly Davis*
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

09/05/2024

04:25 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 14.10 oz			
Expected Delivery Date			
Sat 09/07/2024			
Insurance			\$0.00
Up to \$100.00 included			
Certified Mail®			\$4.85
Tracking #:			
→ 7020245000036716126			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0675 13			
Total			\$23.20

Grand Total: \$142.05

Credit Card Remit \$142.05

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 515052
Transaction #: 785
AID: A0000000031010
AL: VISA CREDIT
PIN: Not Required

Chip

UFN: 255460-0451

Receipt #: 840-54930036-1-5542496-2

Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$4.85
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☒ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$23.20

Postmark
SEP - 5 2024

USPS

D.A. STACEY EDMONSON

1441 NEW HIGHWAY 96 W STE 2

FRANKLIN, TN 37064-4831

USPS TRACKING #



9590 9402 8627 3244 0675 13

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D.A. STACEY EDMONSON
1441 NEW HIGHWAY 96 W STE 2
FRANKLIN, TN 37064-4831



9590 9402 8627 3244 0675 13

7020 2450 0000 3671 6126

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Was Mysteriously Missing
A Signature and Any
Information About Delivery

3. Service Type

☒ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®

☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

09/05/2024 04:25 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 14.60 oz			
Expected Delivery Date			
Sat 09/07/2024			
Insurance		\$0.00	
Up to \$100.00 included			
Certified Mail®		\$4.85	
Tracking #:			
→ 70202450000036716133			
Return Receipt		\$4.10	
Tracking #:			
9590 9402 8418 3156 9889 62			
Total			\$23.20

Grand Total: \$142.05

Credit Card Remit \$142.05

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 515052
Transaction #: 785
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451
Receipt #: 840-54930036-1-5542496-2
Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$4.55
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☒ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

JEFF WHIDBY
WILLIAMSON COUNTY CLERK
1320 W MAIN ST STE 125
FRANKLIN, TN 37064-3700

LINDEN, MI 48451
Postmark Here
SEP - 5 2024
09/05/2024

USPS TRACKING



9590 9402 8418 3156 9889 62

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box *

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JEFF WHIDBY
WILLIAMSON COUNTY CLERK
1320 W MAIN ST STE 125
FRANKLIN, TN 37064-3700



9590 9402 8418 3156 9889 62

7020 2450 0000 3671 6133

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

This USPS Return Receipt
Was Mysteriously Missing
A Signature and Any
Information About Delivery

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

09/05/2024

04:25 PM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$15.20
Nashville, TN 37243			
Weight: 4 lb 1.40 oz			
Expected Delivery Date			
Sat 09/07/2024			
Insurance			\$0.00
Up to \$100.00 included			
Certified Mail®			\$4.85
Tracking #:			
→ 70203160000230017279			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0675 44			
Total			\$24.15

Grand Total: \$142.05

Credit Card Remit \$142.05

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 515052
Transaction #: 785
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5542496-2

Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com

No. **OFFICIAL USE**
LINDEN, MI 48451

Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$4.10
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☒ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$15.20

Total Postage and Fees

\$24.15

Postmark Here
SEP 5 2024
USPS

TREASURER DAVID H. LILLARD, JR.
TENNESSEE STATE CAPITOL
600 MARTIN LUTHER KING JR. BLVD.
NASHVILLE, TN 37243-0225

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TREASURER DAVID H. LILLARD, JR.
TENNESSEE STATE CAPITOL
600 MARTIN LUTHER KING JR. BLVD.
NASHVILLE, TN 37243-0225



9590 9402 8627 3244 0675 44

2. Article Addressed to:

7020 3160 0002 3001 7279

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt
Mysteriously Disappeared
It was Never Returned After
The Successful Delivery**

3. Service Type

☒ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

	DATE MAILED	TRACKING NUMBER	DATE DELIVERED	RETURN RECEIPT TRACKING NUMBER	GREEN CARD RETURNED	GREEN CARD SIGNED	GREEN CARD SIGNED BY NAMED DEFENDANT
STORY AND ABERNATHY, PLLP	8/24/2024 at 11:25 AM	70203160000230011758	8/26/2024 at 11:09 AM	9590940286273244068244	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» VIRGINIA LEE STORY	8/24/2024 at 11:25 AM	70203160000230014919	8/26/2024 at 11:08 AM	9590940286273244068220	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
» KATHRYN LYNN YARBROUGH	8/24/2024 at 11:25 AM	70203160000230014902		9590940286273244068213	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— KATHRYN YARBROUGH (2ND ATTEMPT @ HOME)	9/04/2024 at 1:45 PM	70203160000230014698	9/06/2024 at 11:28 AM	9590940286273244068480	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANCERY COURT FOR WILLIAMSON COUNTY TN	8/28/2024 at 4:09 PM	70202450000036715105	9/03/2024 at 11:13 AM	9590940286273244068350	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» MICHAEL WEIMAR BINKLEY	8/23/2024 at 2:51 PM	70203160000230014711	8/26/2024 at 12:39 PM	9590940286273244068503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» ELAINE BEATY BEELER	8/24/2024 at 11:25 AM	70203160000230014704	8/26/2024 at 2:30 PM	9590940286273244068497	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAMSON COUNTY SHERIFF'S OFFICE	8/28/2024 at 4:09 PM	70202450000036715112	8/30/2024 at 10:13 AM	9590940286273244068367	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROTHSCHILD & AUSBROOKS, PLLC	8/24/2024 at 11:14 AM	70202450000036715211	8/26/2024 at 2:19 PM	9590940286273244067865	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» MARY ELIZABETH MANEY AUSBROOKS	8/24/2024 at 11:25 AM	70202450000036715204	8/26/2024 at 2:19 PM	9590940286273244067810	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
» ALEXANDER SERGEY KOVAL	8/24/2024 at 10:59 AM	70203160000230014728	8/26/2024 at 11:29 AM	9590940286273244068473	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOSTETTLER, NEUHOFF & DAVIS, LLC	8/24/2024 at 2:06 PM	70203160000230014933	8/26/2024 at 10:26 AM	9590940286273244068190	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» THOMAS E. ANDERSON	8/23/2024 at 4:29 PM	70203160000230014896	8/26/2024 at 2:16 PM	9590940286273244068206	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MCARTHUR SANDERS REAL ESTATE	8/24/2024 at 2:06 PM	70202450000036715198	8/26/2024 at 3:25 PM	9590940286273244068268	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» ROY PATRICK MARLIN	8/24/2024 at 10:59 AM	70203160000230014780	8/26/2024 (unknown)	9590940286273244068411	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— ROY PATRICK MARLIN (2ND ATTEMPT @ WORK)	9/04/2024 at 1:45 PM	70203160000230017330	9/06/2024 at 10:40 AM	9590940286273244067551	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BANKERS TITLE & ESCROW CORPORATION	8/24/2024 at 2:06 PM	70202450000036715945	8/27/2024 at 1:55 PM	9590940286273244068374	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» SAMUEL FORREST ANDERSON	8/24/2024 at 10:59 AM	70203160000230014759	8/26/2024 at 11:40 AM	9590940286273244068442	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BK: HENRY EDWARD HILDEBRAND III,	8/24/2024 at 10:59 AM	70203160000230014803	8/26/2024 at 2:59 PM	9590940286273244068398	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BK: CHARLES M. WALKER	8/24/2024 at 2:06 PM	70203160000230014889	8/26/2024 at 1:20 PM	9590940286273244068183	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BANK OF AMERICA N.A.	9/18/2024 at 9:10 AM	70202450000036716195	9/23/2024 at 10:43 AM	9590940286273244067575	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» RUBIN LUBLIN TN, PLLC	9/04/2024 at 10:06 AM	70203160000230017262	9/09/2024 at 4:31 PM	9590940286273244067742	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— RUBIN LUBLIN TN, PLLC (RA: Northwest Reg Agt)	9/04/2024 at 10:06 AM	70202450000036715129	9/05/2024 at 10:27 AM	9590940286273244068305	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CADENCE BANK	9/03/2024 at 2:20 PM	70203160000230014957	9/06/2024 at 12:58 PM	9590940286273244067797	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» CADENCE BANK (RA: CT Corporation System)	9/03/2024 at 2:20 PM	70203160000230014940	9/05/2024 at 10:15 AM	9590940286273244067780	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» SPRAGINS, BARNETT, & COBB PLC	8/28/2024 at 4:09 PM	70202450000036715143	9/03/2024 at 1:21 PM	9590940286273244068312	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNESSEE COURT OF APPEALS MIDDLE DIVISION	9/05/2024 at 4:25 PM	70202450000036716157	9/07/2024 at 10:49 AM	9590940284183156988917	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» JAMES MICHAEL HIVNER	8/24/2024 at 2:06 PM	70203160000230014834	8/27/2024 at 1:43 PM	9590940286273244068381	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» FRANK GOAD CLEMENT JR.	8/28/2024 at 4:09 PM	70202450000036715167	8/30/2024 at 2:41 PM	9590940286273244068282	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» ANDY DWANE BENNETT	8/28/2024 at 4:09 PM	70202450000036715150	9/03/2024 at 10:05 AM	9590940286273244068299	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WILLIAM NEAL MCBRAYER	8/28/2024 at 4:09 PM	70202450000036715136	8/31/2024 at 12:35 PM	9590940286273244068275	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPREME COURT OF THE STATE OF TENNESSEE	8/28/2024 at 4:09 PM	70202450000036715082	8/30/2024 at 9:25 AM	9590940286273244067827	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TNSC - ADMINISTRATIVE OFFICE OF THE COURTS	8/28/2024 at 4:09 PM	70202450000036715075	8/30/2024 at 12:25 PM	9590940286273244067834	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» JOHN BRANDON COKE	8/24/2024 at 2:06 PM	70202450000036715181		9590940286273244068251	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— JOHN BRANDON COKE (2ND ATTEMPT @ WORK)	9/04/2024 at 10:06 AM	70202450000036715846	9/07/2024 at 12:35 PM	9590940286273244067766	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TNSC - BOARD OF PROFESSIONAL RESPONSIBILITY	9/04/2024 at 10:06 AM	70203160000230017163	9/09/2027 at 1:01 PM	9590940286273244067759	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SANDRA JANE LEACH GARRETT	8/23/2024 at 4:29 PM	70203160000230014797		9590940286273244068404	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— SANDRA GARRETT (2ND ATTEMPT @ WORK)	9/18/2024 at 9:10 AM	70202450000036716232	9/20/2024 at 11:30 AM	9590940286273244067612	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STATE OF TENNESSEE (OFFICIALS SERVED BELOW):							
» TN - GOVERNOR BILL LEE	8/28/2024 at 4:09 PM	70202450000036715099	9/11/2024 at 1:34 PM	9590940286273244068343	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— TN - GOVERNOR BILL LEE (ALL TN SUMMONSES)	9/18/2024 at 9:10 AM	70202450000036716201	9/20/2024 at 3:43 PM	9590940286273244067582	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» TN - ATTORNEY GENERAL JONATHAN SKRMETTI	9/03/2024 at 2:20 PM	70202450000036715853	9/06/2024 at 7:37 AM	9590940286273244067773	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— TN - JONATHAN SKRMETTI (ALL TN SUMMONSES)	9/18/2024 at 9:10 AM	70202450000036716218	9/20/2024 at 7:14 AM	9590940286273244067599	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» TN - SECRETARY TRE HARGETT	9/05/2024 at 4:25 PM	70202450000036716119	9/09/2024 at 12:40 PM	9590940286273244067537	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» TN - TREASURER DAVID LILLARD	9/05/2024 at 4:25 PM	70203160000230017279	9/09/2024 at 12:40 PM	9590940286273244067544	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» TN - SENATOR RICHARD BRIGGS	8/28/2024 at 4:09 PM	70203160000230014988	8/29/2024 at 11:48 PM	9590940286273244068169	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» TN - JUSTICE SHARON G. LEE	9/10/2024 at 2:07 PM	70202450000036716188	9/12/2024 at 2:41 PM	9590940284183156988887	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTY OF WILLIAMSON TENNESSEE (OFF BELOW):							
» WC - ROGERS ANDERSON (MAYOR)	8/28/2024 at 4:09 PM	70203160000230014971	8/30/2024 at 10:52 AM	9590940286273244067841	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— WC - ROGERS ANDERSON (ALL WC SUMMONSES)	9/18/2024 at 9:10 AM	70202450000036716225	9/20/2024 at 11:47 AM	9590940286273244067605	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WC - JEFF WHIDBY (COUNTY CLERK)	9/05/2024 at 4:25 PM	70202450000036716133	9/09/2024 at 2:38 PM	9590940284183156988962	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WC - STACEY EDMONSON (DISTRICT ATTORNEY)	9/05/2024 at 4:25 PM	70202450000036716126	9/07/2024 at 12:01 PM	9590940286273244067513	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WC - SHERRY ANDERSON (REGISTER OF DEEDS)	9/05/2024 at 4:25 PM	70202450000036716140	9/09/2024 at 2:35 PM	9590940284183156988955	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» WC - LISA CARSON (COUNTY ATTORNEY)	9/18/2024 at 9:10 AM	70202450000036716249	9/20/2024 at 12:28 PM	9590940286273244067629	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

49— LAWSUIT SERVICES PACKAGES PRODUCED & MAILED

For a list of documents & media in each lawsuit service package, please see https://rico.jefffenton.com/evidence/1-23-cv-01097_fenton-vs-story-lawsuit-service-pack-details.pdf